BURRELL, ANGELINE U2560502
Internal Medicine - Outpt Record Authenticated
Service Date: Feb-13-2008
Dictated by Samson, MD, Anna Lissa on Feb-13-2008

Internal Medicine - Outpt Record

REASON FOR VISIT:
Follow up chronic low back and bilateral knee pain.

PROBLEM LIST:
See please see my note dated 1/16/2008 for her problem list.

CURRENT MEDICATIONS:
1. Acetaminophen 1000 mg PO twice daily.
2. Baclofen 10 mg PO 3 times daily.
3. Gabapentin 300 mg PO qAM and q noon and 600 mg PO qhs.
4. Wellbutrin 100 mg PO twice daily.
5. Ativan 1 mg PO q6 hours as needed for anxiety and nausea, #60 prescribed today.
6. Temazepam, unknown dose, qhs as needed for insomnia, prescribed by patient's outpatient psychiatrist.
7. Cymbalta 30 mg PO daily.
8. Methadone tablet 10 mg PO q6 hours, #120 prescribed today. Note, this is a dose increase.
9. Oxycodone 5 mg PO q12 hours as needed for pain, #60 prescribed today. Note, this is a dose decrease.
10. Zofran 8 mg PO q8 hours as needed for nausea.
11. Prochlorperazine 10 mg PO q6 hours as needed for nausea.
12. Promethazine 25 mg PO q6 hours as needed for nausea.
13. Topiramate 100 mg PO qhs.
14. Ambien 5 mg PO qhs as needed for insomnia.
15. Nystatin cream to apply to affected skin areas 3 times daily.
16. Triamcinolone 0.1% cream to apply twice daily as needed.
17. Clotrimazole/betamethasone cream to apply to affected toes 3 times daily. Cover with occlusive dressing.

CURRENT CONCERNS:
1. Chronic back and bilateral knee pain: Patient is here for medication refills. She was unable to have her liquid methadone prescription filled so is now back on tablets. She currently takes oxycodone for breakthrough pain and has been taking this on a rather scheduled basis. She has had no change in her chronic back pain and bilateral knee pain.
2. Chronic nausea/vomiting: Secondary to impaired gastric motility. The

patient has been on as-needed antiemetics. Currently her nausea and vomiting have been well controlled, although she has frequent bouts several times a month. She reports gaining 35 pounds of water weight during the last month.
3. Pseudotumor cerebri: Patient reports daily headaches; however, none have been as severe as previous headaches requiring hospitalization. She did speak with her insurance company and was told that she may be able to have bariatric surgery approved for pseudotumor cerebri. They are recommending her neurosurgeon or neurologist fill out a form giving their recommendations regarding her pseudotumor cerebri. I discussed with her that weight loss would indeed likely treat her pseudotumor as well as her other chronic medical problems, including chronic pain and gastroparesis.

PHYSICAL EXAMINATION:
VITAL SIGNS: Blood pressure 130/68, heart rate 92, weight 411. GENERAL: Morbidly obese woman in no acute distress drinking a Starbucks drink. Rest of exam is deferred at this time.

ASSESSMENT AND PLAN:
This is a 32-year-old woman with multiple medical problems stemming from obesity here for followup of her chronic back and knee pain.

1. Chronic back and knee pain: We discussed long-term goal of eventually simplifying her pain medication regimen to methadone scheduled without any as-needed requirements. As part of this plan, we are increasing her dose of methadone to 10 mg PO q6 hours and decreasing her dose of oxycodone to q12 hours, with the goal of eventually coming off the oxycodone and having a stable dose of methadone.
2. Chronic nausea/vomiting and gastroparesis: Antiemetics have been refilled. Of note, patient is currently taking lorazepam for nausea as well as some anxiety. She was prescribed temazepam by her outpatient psychiatrist and is only taking this qhs. I advised her that combinations of these medications can depress her respiratory rate and cause her to stop breathing. She understands this and has only taken temazepam at night and will not take lorazepam within 6 hours of taking her temazepam.
3. Pseudotumor cerebri: Patient may be able to have her bariatric surgery approved for pseudotumor cerebri. Her insurance company would like some type of statement from her neurologist or neurosurgeon regarding this. She last saw Dr. Swanson in Neurology Clinic, and as such, I will forward this note to him. I do believe that weight loss is the best way to help her pseudotumor cerebri situation as well as her other medical problems, including gastroparesis and her chronic pain problems. I will see if Neurology Clinic will be able to assist in giving a statement regarding her pseudotumor cerebri and possible treatment of this with weight loss via bariatric surgery.

4. Patient will follow up in clinic with me in 1 month.

Attending Statement:
I have personally discussed the case with the resident during or immediately after the patient visit including review of history, physical exam, diagnosis and treatment plan. Any additional comments are below or have been added to the above note.

Signature Line
Electronically Reviewed/Signed On: 03/07/08 at 10:11

Samson, MD, Anna Lissa
Resident, Medicine Residency
Box 356421
Seattle, WA

Electronically Co-Signed On: 03/10/08 at 10:23

Hollon, MD MPH, Matthew Frederick
Attending, Division of General Internal Medicine
Box 354760
Seattle, WA

cc: Pharm, Medications
Staff
Seattle, WA

Swanson, MD, Phillip Dean
Attending, Department of Neurology
Box 356465
Seattle, WA

ALS/MQ
DD:02/13/08
TD:02/14/08

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